

# TRANSMITTAL FORM

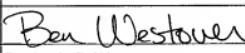
(to be used for all correspondence after initial filing)

|  |   |                        |                     |
|--|---|------------------------|---------------------|
|  |   | Application Number     | 10/522,478          |
|  |   | Filing Date            | January 26, 2005    |
|  |   | First Named Inventor   | Stephen B. COURTNEY |
|  |   | Art Unit               | 3727                |
|  |   | Examiner Name          | L. D. Wilson        |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 424662010000        |

## ENCLOSURES (Check all that apply)

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Form PTO/SB/08a/b (2 pages)<br>Copies of IDS citations |
| Remarks   |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP   |          |        |
| Signature    |  |          |        |
| Printed name | Benjamin P. Westover  |          |        |
| Date         | May 14, 2009  | Reg. No. | 56,612 |